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THE HEALTH OF THE SCHOOL CHILD IN DORSET



ANNUAL REPORT of the Principal School Medical Officer for the year 1957

A. A. LISNEY, M.A., M.D., D.P.H.

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FOREWORD

As 1957 was the Jubilee year of the school health service I would like to recall some of the national events which led up to the commencement of the service in 1907 and mention some of the problems which affected the health and physical wellbeing of the school children at that time.

In 1904 an inter-departmental committee on physical deterioration was set up as a direct result of the poor physique found among volunteers for the army during the Boer War. The Royal Commission on Physical Training in Scotland, the British Medical Association and other interested bodies had reported previously on the same subject and there was great concern about the amount of preventable illnesses then persisting.

Subsequently, in 1905, the inter-departmental committee stressed the advantages of routine medical examinations for school children and as a result of these recommendations the Education (Administrative Provisions) Bill, 1907, passed quickly through the committee stage and on to the statute book and formed the foundation of the school health service as it is known today.

That there was a pressing need for the service is well illustrated in the reports of the local medical officers of health in Dorset; it will be appreciated that at this time the appointment of county school medical officer had not been established. Dr. T. Howard, then medical officer of health of Portland, for instance, reported very fully to his committee on the state of the schools in the Island and remarked that the new Act was *'exceedingly far reaching and if efficiently worked great improvement in the health of the children is likely to result from it.'* He also stated that *'during the year the schools have been systematically visited in connection with infectious diseases. From the appearance of the children in some of the class rooms, there was obvious overcrowding. The eight square feet of floor space at present permitted in non-provided school is altogether inadequate. This want of space is particularly noticeable in the infant departments. Even when a number of children have been excluded, I noticed that the children were still kept crowded together, some desks being wholly unoccupied. This "Huddling" of the children together is one of the factors in the spread of diphtheria. Entirely separate desks, or at least separate seats, ought to be provided in the schools. The Board of Education seemed to discourage single desks on the grounds of expense, and according to their rules permit desks 12 feet long, and eight or nine children are packed on such a desk. Is it any wonder under these circumstances that the schools occasionally serve as the hot bed of infectious disease? I regret to find that slates have again been used in the infant department of St. John's School. All the schools are supplied with water from the public water supply. It will be seen from my report that very little consideration is given to the physical conditions of the children, and yet intense interest is directed to the spiritual welfare. Granted that the latter is of more importance than the former, some sense of proportion should be kept, and the health and physical condition of the child not lost sight of.'*

The health of children in these early days was certainly far from satisfactory. In 1911, altogether 237 people in the county died from tuberculosis, no fewer than thirty-one of these from tuberculous meningitis, the majority of the latter being children. There were also 155 cases of diphtheria with twenty-five deaths. 1911 was not, however, a bad year for diphtheria, for as late as 1930, when diphtheria immunisation was starting at Poole, one of the first towns in the country to have an immunisation scheme, a total of 367 cases with twenty-four deaths were notified in the county.

The school health service has remained fundamentally unchanged during the past fifty years, and working in close association with the other welfare services for children has succeeded in eliminating or reducing to negligible proportions the serious deficiency diseases, infections and infestations of childhood. Children now leave school physically fit and strong and with a high immunity against tuberculosis, poliomyelitis, diphtheria, tetanus and other diseases. There are, however, still too many defects found at school inspections. Dental caries is actually increasing and progress in developing preventive measures against it has been disappointingly slow. Also, children attending child guidance clinics have increased four-fold since 1951. These are just two examples to illustrate that there are still problems as pressing and as complex as those which faced Dr. Howard and his contemporaries in Dorset half a century ago.

My thanks are due to the assistant school medical officers, dental officers and clerical staff of the department for their loyal and efficient support during the year and particularly to my deputy, Dr. A. F. Turner, and Mr. T. R. Townsend for the compilation of this report.

ARTHUR A. LISNEY,

Principal School Medical Officer.

July, 1958.

STAFF OF SCHOOL HEALTH SERVICE

Central Staff

*Principal School Medical Officer,
County Medical Officer of Health.*

LISNEY, A. A., M.A., M.D., D.P.H.

*Deputy Principal School Medical Officer,
Deputy County Medical Officer of Health.*

TURNER, A. F., M.B., Ch.B., D.P.H.

Administrative Assistant,

TOWNSEND, T. R.

*Senior School Medical Officer,
Senior Medical Officer.*

MACLEOD, M. C., M.D., D.P.H.

School Medical Officers,

Assistant County Medical Officers of Health.

ARMIT, A., M.B., Ch.B., D.P.H.

EVANS, L. S., M.R.C.S., L.R.C.P., D.P.H.

HOPKINS, G. B., M.B., Ch.B., D.P.H. (Commenced 23/1/57).

JACKSON, E., M.B., Ch.B., D.P.H. (Temporary) (Resigned 19/1/57).

LAWRENCE, I. B., B.Sc., M.B., Ch.B., D.P.H.

O'KEEFFE, E. J., M.R.C.S., L.R.C.P., D.P.H.

PEARSON, N. F., M.R.C.S., L.R.C.P., D.P.H.

Principal School Dental Officer.

PRETTY, P. J., L.D.S.

School Dental Officers.

FLINT, M. F., L.D.S. (Resigned 11/11/57).

FOREMAN, W. R., L.D.S.

HODGES, W. V. A., L.D.S.

LINLEY, MRS. E., L.D.S.

MILES, A. I., L.D.S. (Temporary) (Resigned 28/10/57).

NEAME, C. S., L.D.S. (Commenced 4/3/57).

RYAN, D. J. C., L.D.S. (Part-time) (To Poole Area 21/2/57).

YATES, A. V. (From Poole Area 15/4/47).

Consultant Children's Psychiatrist.

WHILES, W. H., M.R.C.S., L.R.C.P., D.P.M.

Educational Psychologist (Education Staff).

TAYLOR, R. J. M., M.A., B.Ed.

Psychiatric Social Worker.

FILLITER, MISS A. D.

Superintendent Health Visitor.

RANKLIN, MISS I. F., S.R.N., S.C.M., H.V.CERT.

Assistant Superintendent Health Visitors.

HEATHER, MISS G., S.R.N., S.C.M., H.V.CERT.

HUNT, MISS R., S.R.N., S.C.M., H.V.CERT. (Resigned January, 1957).

TOPLEY, MISS D., S.R.N., S.C.M., H.V.CERT. (Commenced 1/4/57).

School Nurses and Health Visitors.

ALLEN, MISS F. N., S.R.N., S.C.M., H.V.CERT.

ANDREWS, MISS E. M., S.R.N., S.C.M., H.V.CERT.

COWLEY, MISS C., S.R.N., S.C.M., H.V.CERT. (From Poole Area 16/12/57).

FOULDS, MISS M. J., S.R.N., S.C.M., H.V.CERT.

FULLER, MISS M. E., S.R.N., S.C.M., H.V.CERT.

HARWIN-RICKETTS, MRS. M. V., S.R.N., S.C.M.

JORGENSEN, MISS P. K., S.R.N., S.C.M., H.V.CERT.

MANSBRIDGE, MISS D. E., S.R.N., S.C.M., H.V.CERT. (Resigned 30/11/57).

MILES, MISS A. G., S.R.N., S.C.M., H.V.CERT.

MORRIS, MISS M., S.R.N., S.C.M., H.V.CERT.

POTT, MISS J. F., S.R.N., S.C.M., H.V.CERT.

PUNSHON, MISS E., S.R.N., S.C.M., H.V.CERT.

READ, MISS L. M., S.R.N., S.C.M., H.V.CERT.

RICHARDSON, MISS I. F., S.R.N., S.C.M., H.V.CERT.

TROTMAN, MISS V., S.R.N., S.C.M., H.V.CERT.

TRUSCOTT, MISS M. R. S., S.R.N., S.C.M., H.V.CERT., D.S.A.

TUFF, MISS M. E., S.R.N., S.C.M., H.V.CERT.

WALKER, MISS M. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

WALTERS, MISS H., S.R.N., S.C.M., H.V.CERT. (Commenced 1/7/57).

WARVILL, MISS E. I., S.R.N., S.C.M., H.V.CERT.

WHEELER, MISS C. R., S.R.N., S.C.M., H.V.CERT.

WHITE, MISS W. M., S.R.N., S.C.M., H.V.CERT.

Speech Therapists.

O'DRISCOLL, MISS N. M., L.C.S.T.

DARBOURNE, MISS S. M., L.C.S.T.

County Public Health Engineer.

KING, F. M., F.S.E., F.I.S.E., F.R.S.H., M.S.I.A.

Assistant County Public Health Officer.

PARRY, A. H., M.R.S.H., M.S.I.A.

Oral Hygienist.

NORMAN, MRS. M.

Dental Attendants.

BLAGG, MISS M.

CLARKE, MISS S. M. S.

COOPER, MISS E. M. (To South Dorset Area 14/10/57).

HARDING, MISS M. P.

SCOVELL, MISS S. K.

STUDLEY, MISS Q.

WATTS, MISS H. M. (Commenced 18/3/57).

WILLIAMS, MRS. F. M. (Commenced 14/10/57).

Poole Excepted Area

Area School Medical Officer,

Poole Area Medical Officer.

HUTTON, J., M.D., D.P.H.

School Medical Officers,

Assistant County Medical Officers of Health.

CAIRNS, K. M., M.B., B.S., M.R.C.S., L.R.C.P.

PARKEN, D. S., M.B., B.S., D.C.H., D.P.H.

WILLIAMSON, H. C., M.B., B.Ch., D.P.H.

Area Dental Officer.

RIMMER, W. K., L.D.S. (Resigned 22/4/57).

TAYLOR, P. B., L.D.S. (Commenced 15/4/57).

School Dental Officers.

ELDON, J., L.D.S. (Commenced 3/7/57).

GAPPER, A. E. G., L.D.S. (Commenced 1/7/57).

RYAN, D. J. C., L.D.S. (Part-time) (From County Area 21/2/57).

THOMAS, C. E., L.D.S. (Retired 11/1/57).

YATES, A. V. (To County Area 15/4/57).

Assistant Superintendent Health Visitor.

KINGSBURY, MISS M. M., S.R.N., S.C.M., H.V.CERT.

School Nurses and Health Visitors.

BROOKS, MISS H. E., S.R.N., S.C.M., H.V.CERT.

COWLEY, MISS C., S.R.N., S.C.M., H.V.CERT. (To County Area 16/12/57).

HALL MISS V. M., S.R.N., S.C.M., H.V.CERT.

KELLY, MISS M., S.R.N., S.C.M., H.V.CERT.

KOSTER, MISS I. F., S.R.N., S.C.M., H.V.CERT.

KUSEL, MISS V. M., S.R.N., S.C.M., H.V.CERT.

LIMMER, MISS M. C., S.R.N., S.C.M., H.V.CERT.

NARBETT, MRS. V., S.R.N., S.C.M., H.V.CERT.

PHILLIPS, MISS M. A., S.R.N., S.C.M., H.V.CERT.

PITTOCK, MISS I., S.R.N., S.C.M., H.V.CERT.

STAPLEY, MRS. M., S.R.N., S.C.M., H.V.CERT.

Dental Attendants.

ALLEN, MISS J. E.

FORREST, MISS G. J.

MATTISON, MRS. E. T.

South Dorset Divisional Executive

South Dorset Area Medical Officer.

WALLACE, E. J. G., M.B., Ch.B., D.P.H.

School Medical Officer.

Assistant County Medical Officer of Health.

WARD, C. A. G., M.B., B.S.

School Dental Officers.

FARWELL, E., L.D.S.

MASON, MRS. M. D., B.D.S. (Part-time).

School Nurses and Health Visitors.

ALLGOOD, MISS D. B., S.R.N., S.C.M., H.V.CERT.

BROCK, MISS L. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

HUGHES, MRS. G. M., S.R.N., S.C.M., H.V.CERT.

RICHARDSON, MISS G. F., S.R.N., S.C.M., H.V.CERT.

STEMBRIDGE, MISS I., S.R.N., S.C.M., H.V.CERT.

SUNDERLAND, MISS D., S.R.N., S.C.M., R.S.C.N., H.V.CERT., D.S.A.

Dental Attendants.

BRIGGS, MRS. M. J. (Resigned 28/8/57).

COOPER, MISS E. M. (From County Area 14/10/57).

WOOD, MISS A. B.

POPULATION

The population of Dorset as estimated by the Registrar General at June, 1957, was 305,100.

Schools and Scholars

At the end of 1957 there were 257 maintained schools in the county, the types of schools being as follows:—

<i>Type</i>	<i>South Dorset Area</i>	<i>Poole</i>	<i>County Area</i>	<i>Total</i>
Primary	25	24	171	220
Secondary/Modern	5	5	8	18
Modern/Grammar	—	—	1	1
Grammar	2	2	13	17
Art (Poole School of Art) ..	—	1	—	1
Totals	32	32	193	257

The average numbers of children on the school registers at the end of July, 1957, were as follows:—

<i>Area</i>	<i>Primary</i>	<i>Secondary Modern</i>	<i>Modern/Grammar</i>	<i>Grammar</i>	<i>Total</i>
County Districts	15,701	3,299	641	3,133	22,774
Poole Excepted Area	7,744	2,999	—	1,335	12,078
South Dorset Divisional Executive ..	4,702	1,791	—	925	7,418
Totals	28,147	8,089	641	5,393	42,270

The total of 42,270 pupils may be compared with the figure of 41,458 in 1956, 38,042 in 1953 and 34,444 in 1950.

CO-ORDINATION

There have been no major alterations in the co-ordination of the school health service during the year. It was hoped that intermediate examinations could be replaced by 'group' inspections, where the headmaster or the class master could bring forward or discuss any particular pupil with the school doctor and nurse. At the same time group testing of eyes, hearing, cleanliness, etc., could take place and protective injections against diphtheria, poliomyelitis and tetanus be given where necessary. Such a scheme would enable many more children to be seen at each session; it would also increase the efficiency of the service and reduce the amount of time spent in schools.

Unfortunately, the poliomyelitis programme absorbed a great deal of the available time of the medical and clerical staff and prevented the implementation of the scheme.

During the year the report of the Royal Commission on the law relating to mental illness and mental deficiency was presented to Parliament. Whenever possible voluntary methods of ascertainment and admission of patients to mental hospitals, institutions and occupation centres, are recommended. In dealing with ineducable school children the Commission found that the present procedures by which these children are excluded from school cause unnecessary distress to parents. The procedures do not help them to appreciate that it does no service to a child to try to give him a form of training which is not suited to his abilities and aptitudes.

This unnecessary distress is caused by the policy of adhering rigidly to the legal requirements of Section 57 of the Education Act. When a parent appeals against grading it is because he firmly believes his child to be educable, and it is of little comfort to have the appeal upheld or postponed because of some legal omission in the procedure. On the advice of the Ministry of Health and the Board of Control, regional hospital boards and local health authorities immediately put in action the recommendations of the Commission in as far as voluntary admissions to hospitals and institutions were concerned with excellent results. It is felt that Section 57 of the 1944 Act should be repealed as soon as possible.

In the best interests of the children concerned there should be a free interchange between schools and occupation centres without recourse to any type of formal grading, subject, of course, to the agreement of the parents.

MEDICAL INSPECTION

There have been no changes in medical inspection procedure during the year. Children are examined at three periodic inspections during their school life, as follows:—

- (a) As entrants at the age of five years.
- (b) During their last year at the primary school at the age of ten to eleven years.
- (c) As leavers. In practice, this examination takes place at fourteen to fifteen years of age, as it is not always known which pupils will be remaining at school after the statutory school leaving age.

FINDINGS AT MEDICAL INSPECTION

Uncleanliness

The favourable figures of the past few years have been maintained. There were no cases of ringworm of the scalp and only two of the body, the lowest recorded in the county. Six cases of scabies occurred and 222 children were found to have lice. Twenty-two cases of impetigo were officially recorded.

Nutrition

Only 0·9 per cent of all children inspected were regarded as being of subnormal nutrition.

Nose and Throat Conditions

The number of nose and throat conditions found at school inspections requiring observation and treatment continues to fall. This year 473 children were kept under observation, and treatment was recommended for 254. The number of tonsil operations performed was 731 compared with 920 in 1956 and 1,045 in 1955.

Respiratory Diseases

The number of cases requiring active treatment and to be kept under observation, fell from eighty-three in 1956 to sixty-seven, and from 120 to 112 respectively. This decline should continue as respiratory diseases in children are mainly of a preventable nature.

Defects of Vision

The total number of children examined for defects of vision still continues to rise, and 2,683 cases were dealt with for errors of refraction compared with 2,610 during 1956. Altogether 1,428 children were supplied with glasses, while 146 cases of external eye complaints were also dealt with.

Ear Disease and Hearing

During the year twelve health visitors received instruction in the early detection of deafness by a demonstrator from the Department of Education of the Deaf, Manchester University. This will ensure that children will be assessed at an early age and it is hoped that it will result in some of them being educated in ordinary schools by special methods and avoid the need for admission to residential schools.

Dental Defects

Dental caries is still on the increase and it is a disappointing fact that out of 21,000 children examined during the year, 14,000 required treatment: more especially as this is one of the fortunate authorities with a full establishment of dental staff so that all the schools are visited once in approximately every twelve to eighteen months.

INFECTIOUS DISEASE

During the summer months there was the usual increase in measles and whooping cough and in the late autumn a secondary peak in measles was recorded.

Substantial progress was made in the poliomyelitis vaccination scheme and over 10,000 children had their two injections. It is interesting to note that only four children contracted poliomyelitis during the year, none of whom had been vaccinated against the disease.

There were only four cases of non-pulmonary tuberculosis notified in children under fifteen years of age during the year and only 16 per cent of thirteen-year old children being tested under the B.C.G. scheme were found to be mantoux positive. These findings strongly indicate that tuberculosis infection is at long last yielding to the onslaught which has been made upon it.

Unfortunately, one case of diphtheria occurred in an unimmunised five-year old girl, as compared with no cases during the preceding two years.

In view of the Medical Research Council's findings on the provocative effect of diphtheria and whooping cough combined antigens on poliomyelitis, it was decided to alter the arrangement and use diphtheria (F.T.), whooping cough vaccine and tetanus toxoid separately which necessitates a greater number of injections for the children.

POLIOMYELITIS VACCINATION

Number of children who completed a course of Poliomyelitis Vaccination during 1957

<i>Area</i>	<i>Born in the years</i>		<i>Totals</i>
	<i>1943 to 1946</i>	<i>1947 to 1957</i>	
County ..	1	5,922	5,923
Poole ..	4	2,407	2,411
South Dorset	18	2,220	2,238
Totals ..	23	10,549	10,572

In addition, 1,561 children had received one injection only at 31.12.57.

DIPHTHERIA IMMUNISATION

Number of children at 31.12.57 who had completed a course of diphtheria immunisation at any time before that date.

<i>Area</i>	<i>Children under 5</i>					<i>Total</i>	<i>Children 5—14</i>		<i>Total</i>
	<i>Under 1</i>	<i>1—</i>	<i>2—</i>	<i>3—</i>	<i>4—</i>		<i>5—9</i>	<i>10—14</i>	
County	187	1,380	1,550	1,621	1,739	6,477	9,503	10,485	19,988
Poole	86	681	728	833	863	3,191	5,817	5,749	11,566
Weymouth and Portland	117	515	541	481	513	2,167	3,542	4,453	7,995
Totals	390	2,576	2,819	2,935	3,115	11,835	18,862	20,687	39,549

The percentage of children under five immunised remains very low. The proportion of school children is very much higher as un-immunised children are dealt with at their first school medical examination. Parents would do well to remember, however, that an outbreak of diphtheria would hit hardest at the unprotected younger children.

B.C.G. VACCINATION

The accompanying table shows that from the 4,712 children born in 1944, 3,321 acceptances were obtained and of these 3,104 were tested during the year, in addition to 1,033 who were deferred for one reason or another from previous years. Of the grand total of 4,137 children tested 663 (sixteen per cent) were tuberculin positive and 3,349 vaccinated. It is of great interest to note that in 1954, when this scheme commenced, 37 per cent of the tested children were positive. This indicates that tuberculous infection in the county has been appreciably reduced during the past few years. The technique used was similar to previous years; testing was by intradermal injection of 1/1,000 P.P.D. and the liquid B.C.G. prepared in Copenhagen was used for vaccination.

FOLLOWING-UP

Parents are advised of the defects found in their children at school medical inspections and of the need for treatment. The majority of parents act upon this, but where the advice is ignored and where the defect if untreated could undermine the health of the child, the Inspector of the National Society for the Prevention of Cruelty to Children is asked to visit the family. It is seldom that this does not have the desired effect.

MEDICAL TREATMENT

The arrangements which have been in existence for some years between hospitals, general practitioners and the school health service continue to work extremely well. In particular, the close association between the health department and the paediatrician has been most advantageous.

MINOR AILMENTS

The number of children found to have impetigo, ringworm, scabies and verminous conditions continues to decline and it is no longer necessary to hold minor ailments clinics in the county area. Although such clinics are still held in Poole and South Dorset, the attendances show a very marked decrease as compared with those for 1948, as shown below:—

<i>Year</i>	<i>Poole</i>	<i>South Dorset</i>	<i>Totals</i>
1948	13,378	6,505	19,883
1957	854	715	1,569

Vision

The vision of school children is tested at each routine medical inspection, and a special sight examination is carried out on every child at the age of eight years. When defects are discovered, the parents are informed and given the option of having their child seen by a consultant ophthalmologist at a school ophthalmic clinic or of making their own arrangements. Most parents desire their children to be examined at the school ophthalmic clinic.

Colour vision is tested at the intermediate routine medical inspection.

Ophthalmic Treatment

An excellent school ophthalmic service is provided by the two hospital management committees in the county and a short report is submitted to me on every child seen.

Provision of Spectacles

During 1957 spectacles were provided through the school ophthalmic service for 1,428 children. There is no delay in the provision of spectacles for school children or in the arrangements for repair or replacement.

External and other Eye Diseases

The number of cases of external and other eye diseases treated during 1957 was 196, compared with 168 in 1956. One hundred and forty-six of these were treated at minor ailment clinics and fifty at hospitals.

Orthopaedic Treatment

Minor orthopaedic defects are treated either at remedial classes arranged by the remedial exercises organiser in schools, or by the organiser herself at sessions held at the county clinics. More serious cases are referred to the orthopaedic specialists at hospitals.

DENTAL INSPECTION AND TREATMENT

The Principal School Dental Officer reports on the work of the dental officers in the county as follows:—

‘There have been several changes in staff during 1957, but fortunately, the vacancies have been filled with little delay. At the end of the year there were ten full-time and two part-time dental officers employed, the latter together representing eight-elevenths of one officer. Another full-time officer has been appointed who will commence duties early in the new year, which almost completes the establishment.

The building of a new clinic at Portland was commenced during 1957. Other clinics are urgently needed and it is hoped that their construction may be commenced without further delay. An additional mobile dental clinic has been ordered which will bring the total to five.

Dental health education continues and is a very important contribution to the dental service. Sound films in colour dealing with care of the teeth and oral hygiene have been shown at a number of schools throughout the county and, in a number of cases, they have been accompanied by a talk by the oral hygienist.

Investigations have shown that there is a continued deterioration in the condition of children’s teeth. This is evident in all age groups but a large proportion of the five-year old school entrants have either already lost one or more teeth or are suffering from advanced dental decay.

There is little doubt that a contributory factor to this condition is eating between meals. These snacks usually consist of soft, starchy foods which adhere to the teeth and are acted upon by bacteria present in the mouth forming an acid which can in time dissolve the enamel covering the teeth. Further, they lessen the appetite for regular meals which consist of the necessary body building foods and, as comparatively little mastication is required, the jaws are not exercised sufficiently to stimulate the necessary growth for full development of the jaws. A resultant effect of this lack of development is irregularity of the teeth which is a pre-disposing cause of dental decay and necessitating orthodontic treatment which, in some cases, may be extensive.’

REMEDIAL EXERCISES

The following report has been prepared by the remedial exercises organiser:—

‘The normal full-time teaching staff, supplemented where necessary by part-time remedial teachers, continue to be responsible for remedial work in the schools.

The importance of gaining the co-operation of parents in achieving for children a balanced natural posture and a sense of well-being becomes increasingly evident. Every effort should be made to ensure that the very young child is allowed to develop naturally and is not encouraged to sit up, stand or walk until it is ready to do so unaided.

During the early years of school life feet and footwear need constant supervision to prevent the formation of defects. As the child reaches adolescence, posture is changing and a good habit should be encouraged.

Teenage girls should be taught to look after their feet and advised in the choice of shoes.

The film “Focus on Posture” has now been released and shown at teachers’ courses and parent-teacher association meetings. Asthma clinics have continued at Poole, Swanage and Dorchester.’

SPEECH THERAPY

During 1957 it was decided to appoint a third speech therapist which brings the establishment up to 75 per cent of that recommended by the Ministry.

There is a long waiting list at Poole and a survey undertaken during March in the Dorchester schools amply supported the urgent need for this appointment.

Owing to the shortage of personnel, however, there has been some delay in filling the post which has made it extremely difficult to give adequate assistance to the regional hospital board in respect of adult cases.

Accommodation for speech therapy has been improved either by means of minor adjustments or by the provision of new premises which have become available. The accommodation at Swanage and Bridport is still in some respects sub-standard. It is expected that the speech clinics, in common with the other educational services, will expand, particularly in Wareham, Dorchester and Weymouth areas when the families of the Winfrith employees arrive.

A speech defect contrary to popular belief, is not linked with low intelligence and there is statistical evidence that stammering, the most troublesome defect of all, is common in families which have a good level of intelligence, high standards and well developed sense of personal responsibility.

OPEN-AIR EDUCATION

There are no open-air schools in Dorset. Only a very small number of children are found to be so delicate as to require this type of education and it is much more economical to send them to schools already established in other areas than to go to the expense of providing such a school in this county.

CO-OPERATION OF PARENTS

Parents take a considerable interest in the school health service, and the majority of those with younger children attend the school medical inspection when their children are being examined. It is rare these days for parents to refuse to have their children examined by the school medical officer at a routine inspection, but where this occurs a friendly letter usually results in the child attending at the next session.

The national survey of the health and development of a group of children born in one week of March, 1946, is still proceeding. The willing co-operation of the parents of the children concerned in the survey has been of great help in collecting the information required from time to time.

CO-OPERATION OF TEACHERS

It is true to say that the school health service could not function without the continued support and co-operation of the teachers. As every year goes by they are called upon to assist in more and more new phases of school health, especially in the widening of the schemes of vaccination and immunisation affecting the majority of the pupils in their schools. Their support is very much appreciated.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS

Close co-operation is maintained with the school attendance officers through the county education department. The National Health Service Act has complicated their work because of the fact that general practitioners need not give certificates of unfitness to attend school unless the parents are in danger of prosecution. The health department are asked to assist when difficulties arise, and consultation with the medical practitioner concerned usually succeeds in clarifying the position.

CO-OPERATION WITH GENERAL PRACTITIONERS

General practitioners are informed of defects found at medical inspections. Where it is considered that a specialist opinion is desirable, the general practitioner is informed that, if he so wishes, arrangements for this will be made by my department. The majority prefer that we do so. The family doctor is taking increasing advantage of the child guidance, speech therapy, and other specialised services of the school health service.

CO-OPERATION WITH VOLUNTARY BODIES

Co-operation with the various voluntary bodies concerned in the care of children continues satisfactorily. The services of the inspector of the National Society for the Prevention of Cruelty to Children are especially helpful in cases, fortunately very few in number, where lack of adequate home care results in the child being sent to school in a neglected condition.

PROVISION OF MILK AND MEALS

Provision of Milk

At the 31st December, 1957, the position regarding the supply of milk to schools under the milk in schools scheme was as follows:—

Number of maintained schools receiving pasteurised milk ..	249
Number of non-maintained schools receiving pasteurised milk ..	59
Number of maintained schools receiving tuberculin-tested milk ..	12
Number of non-maintained schools receiving tuberculin-tested milk ..	3
	323

The position generally is very satisfactory, 308 (95.36 per cent) of the schools being supplied with pasteurised milk, the remaining fifteen schools (4.64 per cent) having raw tuberculin-tested milk. Ninety-seven per cent of the schools receive milk in one-third pint bottles with drinking straws, but due to their remote situation, eight schools are supplied with milk in bulk containers by local producers of tuberculin-tested milk.

The following Table gives particulars of the samples taken by sampling officers of the County Health Department for laboratory examination during 1957:—

<i>Pasteurised</i>				<i>Tuberculin Tested</i>		<i>Total number of samples</i>	<i>Number of schools samples</i>
<i>Methylene blue test</i>		<i>Phosphatase test</i>		<i>Methylene blue test</i>			
Pass	Fail	Pass	Fail	Pass	Fail		
*961	4	1,696	6	86	20	1,808	292†

* 737 samples were not submitted to the methylene blue test due to the shade temperature exceeding 65°F.

† Sampling of milk at thirty-one schools in the Borough of Poole was carried out by the borough public health inspectors.

From the table it will be seen that thirty samples out of a total of 1,808 failed the tests, and of the unsatisfactory pasteurised milk samples six failed on account of inadequate or improper heat treatment and four failed the test for keeping quality. Of the 106 samples of raw tuberculin-tested milk, twenty failed the test for keeping quality.

Ten specimens of school milk were submitted for biological examination for tubercle and all proved negative.

The supervision of school milk supplies includes the testing of one-third pint bottles for cleanliness, and during the year 305 rinses of cleaned and sterilized bottles were submitted for laboratory examination, of which 300 were of a satisfactory standard.

Provision of Meals

I am indebted to the county education officer for supplying the following information relating to the provision of meals to schools in the county:—

Number of schools in the county receiving meals at 1st January, 1957	..	..	255
Number of schools in the county not receiving meals at 1st January, 1957	..	..	2
Number of schools in the county receiving meals at 31st December, 1957	..	..	256
Number of schools in the county not receiving meals at 31st December, 1957	..	..	2
Number of new kitchens opened 1957	..	..	1
Number of new dining-rooms (not classrooms) opened in 1957	..	..	1
Daily average number of meals served in 1957	..	..	19,124
Percentage of school population taking meals	..	..	45.09

During the year the assistant county public health officer made ninety-seven visits to school kitchens in connection with the application of the food hygiene regulations. Minor improvements were carried out at some kitchens and dining centres, and the overall position in respect of these premises is very satisfactory; a high standard of hygiene being maintained.

Food Poisoning

It is very satisfactory to be able to report that no case of food poisoning attributable to a school meal occurred during the year under review.

SCHOOL SWIMMING

During the year three learners' swimming pools were completed, bringing the total to six. A further two pools are under construction and are expected to be brought into use in 1958. The water is chlorinated by hand dosage under strict supervision. During the year fifty-six samples were submitted for bacteriological examination and forty-nine produced satisfactory results. In addition 'spot' tests for free chlorine were carried out in respect of fifty-seven samples of which fifty-two were of the required standard. As a further check, a sample of water from each of the swimming pools was submitted for chemical examination.

By arrangement school children are also given swimming instruction at three private and three public swimming baths.

HEALTH EDUCATION

This important aspect of the school health service has been gradually expanded over the past few years. The provision of a sound projector and a film strip projector have been of considerable help to lecturers within the schools and at parent-teacher association meetings. Parents have been told about the benefits of vaccinations against tuberculosis, poliomyelitis, diphtheria and the importance of having all children protected against these diseases has been stressed. More propaganda has also been directed against dental caries, both parents and children have been told how caries can be reduced by simple rules of oral hygiene. During the year twenty lectures have been given to children and parent-teacher associations.

PHYSICAL EDUCATION

The County Physical Education Officer reports as follows:—

'The scarcity of specialist teachers in physical education continues though the development and improved maintenance of playing fields progresses steadily.

'Climbing apparatus continues to be installed in playgrounds and priority has been given to the unreorganised schools with a view to giving the senior pupils more scope.

'Training courses for teachers in folk dancing have been conducted at Bridport, Bovington and Weymouth, and were well attended. The West Dorset Folk Dancing Festival, inaugurated in 1955 and held at Bridport, has proved valuable from the social, educational and artistic point of view, also the standard of dancing among the 250 children who attended had noticeably improved.

'The All-England Women's Hockey Association's Official Coach visited the county and coached at one-day courses for teachers held at Gillingham, Poole and Shaftesbury.

'In co-operation with the Football Association a five-day residential course in coaching was held at Weymouth during the Easter holidays; thirty-one teachers attended. The course was directed by a Senior F.A. staff coach. A one-week residential course for young footballers (14-17 years) was held at Wareham during the summer holidays and was attended by fifty youths from schools and youth clubs. The instructors were teachers who have qualified as F.A. Coaches.

'Facilities for providing opportunities for children to learn swimming have progressed. Learners' pools constructed by the schools themselves were brought into use at Wimborne and Bovington County Modern Schools and also at the Alfred Colfox School, Bridport, making five such pools now in use. A sixth pool was completed during the Autumn at Broadway Modern School and this will be brought into use during 1958. A start was also made on the construction of pools at Blandford Modern School and Weymouth Grammar School.

'Schools have used the Blandford, Poole and Shaftesbury Town Baths, also the Corporation Baths at Bournemouth and Yeovil. The use of the swimming pools of the Sherborne School for Girls and Sherborne School and the tank of the United Dairies at Sturminster Marshall is appreciated.

'The various Dorset schools sports associations continued to develop their varied activities connected with representative sport. In the sphere of athletics in particular, especially the field events, there has been marked development. The teachers who devote so much time to this work are to be congratulated.

'The County School Camps at Carey, Wareham, and at Blashenwell, Kingston, Corfe Castle, both had successful seasons. A total of 1,980 campers attended.'

HANDICAPPED CHILDREN

The following table shows the general overall position at the end of 1957. It will be noted that there are few awaiting placement, due to the increased provision of special places in the country generally and, as far as the educationally subnormal waiting list is concerned, to the increase in special classes in the county itself.

Blind and partially sighted vacancies are now satisfactory, while places for the deaf and partially deaf have been increased both by new provisions and by the increasing numbers of the latter who are being retained in ordinary schools and educated by new techniques. There is still need for some increase in special school places for the more difficult maladjusted boy.

When the full effect of the poliomyelitis vaccination scheme is felt, the number of paralysed cases requiring special schooling in physically handicapped schools should decline.

Eighteen mental defectives were excluded from school as ineducable under Section 57 (3) of the Education Act, 1944, and a further sixteen cases were placed under statutory supervision after leaving school.

Handicapped Pupils, 1957

		(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	
		<i>Blind</i>	<i>Partially Sighted</i>	<i>Deaf</i>	<i>Partially Deaf</i>	<i>Educationally Subnormal</i>	<i>Epileptic</i>	<i>Maladjusted</i>	<i>Physically Handicapped</i>	<i>Speech Defect</i>	<i>Delicate</i>	<i>Multiple Defects</i>	<i>Totals</i>
1. Number of pupils ascertained as Handicapped Pupils for the first time during 1957		1	2	1	1	93	1	14	16	—	5	5	139
2. Number of handicapped pupils re-examined during 1957 and retaining the same grading		—	3	1	1	47	1	4	9	—	8	9	83
3. Number of handicapped pupils re-examined during 1957 and regraded in these categories		—	—	—	—	2	—	—	—	—	—	1	3
4. Number of pupils assessed during 1957 as requiring special education in Special Schools or Boarding Homes		5	2	3	1	63	—	14	12	—	6		106
5. Number of pupils admitted to Special Schools during 1957		3	2	5	1	57	—	11	6	—	3		88
6. (i) Pupils attending Residential Special Schools and Hostels	B	6	3	10	4	50	2	13	10	—	2		100
	G	1	2	7	3	23	1	8	12	—	5		62
(ii) Pupils attending Day Special Schools or Classes	B	—	—	—	—	77	—	—	1	—	—		78
	G	—	—	—	—	20	—	—	—	—	—		20
(iii) Children receiving education at home (Section 56 cases)	B	—	—	—	—	1	—	—	10	—	2		13
	G	—	—	—	—	3	—	—	4	—	1		8
(iv) Pupils recommended to receive special educational treatment in the ordinary school	B	—	1	—	5	149	3	13	18	—	24		213
	G	—	2	—	1	85	1	6	13	—	11		119
(v) Total number of handicapped pupils in Residential Special Schools, Day Special Schools, Special Classes, Hostels and Ordinary Schools	B	6	4	10	9	277	5	26	36	—	28		401
	G	1	4	7	4	130	2	14	27	—	17		206
		7	8	17	13	407	7	40	63	—	45		607
7. Number of pupils requiring places in: (i) Residential Schools	B	2	1	—	1	18	—	7	3	—	4		36
	G	1	1	—	—	2	—	1	3	—	1		9
(ii) Day Special Schools	B	—	—	—	—	23	—	—	—	—	—		23
	G	—	—	—	—	27	—	—	—	—	—		27
(iii) Special Classes	B	—	—	—	—	12	—	—	—	—	—		12
	G	—	—	—	—	12	—	—	—	—	—		12
8. Pupils not attending any School on the recommendation of the Principal School Medical Officer	B	—	—	—	—	4	—	—	8	—	2		14
	G	—	—	—	—	5	—	—	3	—	1		9
9. Pupils whose parents refuse to give consent for admission to Special Schools or Classes	B	—	—	—	—	12	—	—	1	—	—		13
	G	—	1	—	—	14	—	—	—	—	—		15

10. Number of children reported to the Local Health Authority during 1957:—
- | | | | |
|---|----|----|----|
| (i) Under Section 57 (3) of the Education Act, 1944 | .. | .. | 18 |
| (ii) Under Section 57 (4) of the Education Act, 1944 | .. | .. | — |
| (iii) Under Section 57 (5) of the Education Act, 1944 | .. | .. | 16 |

11. Number of non-county area children attending the following:—

	<i>Clyffe House Special School</i>	<i>Penwithen Hostel</i>	<i>Wimborne Day Special School</i>
Other Education Authorities	3	4	—
Poole Borough ..	6	3	37

CHILD GUIDANCE

The following is the report of the Consultant Children's Psychiatrist:—

'The large number of new referrals has been maintained during 1957 so that the total amount of work done by the clinic team has risen considerably.

'During the year a total of 561 children have been seen; this is once again more than in any previous year. As the clinic staff available remains the same, it is clear that it has only been possible to see all these children by sacrificing efficiency in the type of work done. We have tried particularly to keep up with the intensive psychotherapy for the most severely disturbed children and corresponding help for their parents. This, together with the diagnostic work, has been considered the main priority. This has meant, however, that a little or nothing has been done with the large number of families where the degree of disturbance does not warrant intensive psychotherapy but where regular family case work is needed to relieve anxiety and prevent deterioration of the problem.

'Until we have a second psychiatric social worker this cannot be tackled. Unfortunately, family problems are already deteriorating, so that either more time consuming psychotherapy becomes essential, or in some instances residential placement has to be advised when with a better social case work service available, this could have been avoided. It is hoped that a second psychiatric social worker will be appointed during 1958 so that a start can be made to rectify the situation.

'The work of the child guidance service is still concentrated at the three centres: Poole, Dorchester and Weymouth, and children from the north and west of the county have to travel to these centres. From the more outlying parts this has created great difficulty for many parents with the result that diagnostic appointments have sometimes had to be long delayed and treatment for children from these areas is quite impossible, except on a residential basis.

'There is no significant change in the source of referrals during the year. A rather higher proportion have been seen for nervousness and other symptoms of that type, with a decrease in those referred purely for behaviour problems. The large number recorded as referred for "Special Advice" is due to those being referred by the children's department; "long stay" children being admitted to the Gloucester Road reception centre for diagnostic assessment and advice in planning their future. The most striking difference in the children referred during the last year is the great increase in boys and girls attending grammar schools, the total being 63 as compared with 36 in 1956. The number from secondary schools has, however, not yet increased significantly. A relatively large proportion of these grammar school children have been found to need definite treatment. Approximately 30 per cent have had to be taken on for intensive psychotherapy and a large number for more superficial treatment. On the whole a higher proportion of all children referred during this year have been found to need treatment.

'All members of the child guidance team visit Penwithen Hostel, and the psychiatric social worker visits parents of these children and of those who are placed residentially elsewhere, in order to help the readjustment in home attitudes in preparation for the children's return home. All children residentially placed as maladjusted are seen whenever possible during the holidays for re-assessment and advice is passed on to the school concerned.

'A regular monthly case conference is held with staff of the children's department and a monthly case conference is now being started with the staff of Penwithen Hostel.

'Throughout the year the child guidance team have had excellent co-operation from the school medical officers, general practitioners and social workers in all aspects of the work and this has greatly added to the value of the service.'

Statistics

Total number of children seen during the year 1957	561
Children carried forward from 1956	345
New cases seen during 1957	216
Children awaiting investigation on 31/12/57 ..	15
Cases closed during 1957	148
Total number of children under observation or treatment on 31/12/57	413

Analysis of New Cases Investigated during 1957

Sources of Referral of new cases

School Medical Officer	42
General Practitioners and Hospitals	61
Education Officer and Head Teachers	57
Children's Officer	32
Speech Therapist	2
Probation Officer	3
Other Sources	19

Children under Intensive Treatment during 1957

Carried forward from 1956	24
Commenced treatment during 1957	22
Stopped treatment during 1957	19
Carried forward to 1958	27

Analysis of Intensive Psychiatric Treatment

Cases closed during 1957

Satisfactory adjustment	11
Improved but not entirely satisfactory	3
No change	1
Unco-operative	4

Analysis of all Cases Closed during 1957

Diagnosis and advice only	64
Transferred to other agencies	6
Removed to other area	10
Satisfactory adjustment, after C.G. treatment	48
Unco-operative or unsatisfactory response	9
Improved but not entirely satisfactory	11

<i>Problems for which children were referred</i>					Residential treatment advised	6
Behaviour problems	66					
Nervous symptoms	41					
Educational problems	19					
Enuresis	19					
Speech problems	5					
Special advice	61					
Psychosomatic	5					
<i>Age Groups</i>					<i>Psychiatric Interviews</i>	
Pre-school	7					
Infant school age	33					
Junior school age	68					
Secondary School (Modern)	44					
(Grammar)	63					
Left school	1					
<i>Recommendations made of new cases</i>					Total interviews with children	1,047
Still under investigation	23					
Diagnosis and advice only	78					
Superficial treatment	82					
Intensive treatment advised	27					
					Total interviews with parents and others	208
					Total interviews by Psychiatrist	1,255
					<i>Psychiatric Social Worker</i>	
					Number of visits by Psychiatric Social Worker	294
					Number of clinic interviews by Psychiatric Social Worker	638
					Number of interviews with other officials	84
					Visits to schools	19
					<i>Educational Psychologist</i>	
					Number of clinics by Educational Psychologist	146
					Number of children interviewed by Educational Psychologist	582

JUVENILE DELINQUENCY

Special reports are provided for the information of the magistrates on school children who have to attend juvenile courts. These reports give details of physical and mental defects found at school medical inspections and information regarding important medical and family history. One hundred and eighteen such reports were furnished during 1957. In cases where the children have attended a child guidance clinic or where the magistrates require psychiatric reports, these are provided by the consultant children's psychiatrist.

I should like once again to thank the principal probation officer and his staff for their help during the year.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

A special report is supplied to the youth employment officer on every child nearing school leaving age and over 3,000 such reports were completed during the year. The reports are especially useful in placing handicapped children in suitable employment.

The bye-laws relating to the employment of children are chiefly concerned with the prohibition of certain employments and regulating the hours of work in allowed occupations. A certificate is issued by the school medical officer in respect of each child concerned to the effect that such employment will not be prejudicial to his health or physical development and will not make him unfit to obtain proper benefit from his education.

SCHOOL HYGIENE

Works of improvement to the sanitation were completed at twelve county and controlled schools and eight aided schools during the year, and it is satisfactory to be able to report that the sanitary conditions at the majority of schools in the county are now of satisfactory standard.

ROUTINE B.C.G. VACCINATION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

Area	Age Group	Number in age group	Number of acceptances	Number tested	Number of positive reactors	Number vaccinated	Retests from previous age groups					C/F to 1945 age group	
							Number for retest	Number tested	Number absent for reading	Number positive	Number vaccinated	Number for retest	Absentees
County ..	1943	830	485	398	74	296	21	5	2	—	3	28	87
	1944	2,574	1,785	1,617	262	1,271	58	38	3	7	28	84	168
Totals ..		3,404	2,270	2,015	336	1,567	79	43	5	7	31	112	255
Poole ..	1943	114	64	55	6	49	—	—	—	—	—	—	9
	1944	1,310	883	869	118	750	27	27	—	8	19	1	14
Totals		1,424	947	924	124	799	27	27	—	8	19	1	23
South Dorset	1942	49	49	48	9	37	—	—	—	—	—	2	1
	1943	717	542	532	90	432	54	53	2	9	42	10	10
Totals ..	1944	828	653	618	104	514	—	—	—	—	—	—	35
		1,594	1,244	1,198	203	983	54	53	2	9	42	12	46
Totals (all areas)	1942	49	49	48	9	37	—	—	—	—	—	2	1
	1943	1,661	1,091	985	170	777	75	58	4	9	45	38	106
Grand Totals	1944	4,712	3,321	3,104	484	2,535	85	65	3	15	47	85	217
		6,422	4,461	4,137	663	3,349	160	123	7	24	92	125	324

Clinics—Location of School Clinics and Type and Number of Sessions per week

The Clinic, Hogshill Street, Beaminster	1	Speech	3, Bristowes Chambers, High Street, Poole	10	Dental
Castleman House, Salisbury Street, Blandford	11	*Dental	Burlea Towers, 55, Parkstone Road, Poole	4 2 1 2½	Speech Cleansing Asthma Child Guidance
Red Cross Hall, Whitecliff Mill Street, Blandford	1	Speech	Henry Harbin School, Wimborne Road, Poole	1	Lip Reading
Secondary Modern School, Blandford	1	Lip Reading	St. Christopher's School, Parkstone Road, Poole	1	Lip Reading
Primary School, Bovington	1	Speech (per fortnight)	Methodist Schoolroom, Easton, Portland	2	Minor Ailments
Primary and Infants' School, Bradford Abbas	1	Lip Reading	Methodist Schoolroom, Fortuneswell, Portland	1	Minor Ailments
County Clinic, Down Street, Bridport	11 1	*Dental Speech	Secondary Modern School, Portland	1	Speech
War Memorial Hall, Broadstone	2	Minor Ailments (per month)	Tophill Junior School, Easton, Portland	1	Lip Reading
Lockyer's School, Corfe Mullen	1	Lip Reading	The Clinic, Secondary Modern School, Shaftesbury	11 1	*Dental Speech
County Clinic, Glyde Path Road, Dorchester	9 1 2 1 1½	Dental Orthopaedic (remedial) Speech Asthma (as required) Child Guidance	County Clinic, Horsecastles, Sherborne	11 2 1	*Dental Orthopaedic (remedial) Speech
Fordington St. George's School, Dorchester	1	Lip Reading	Oldfield House, The Grammar School, Swanage	1	Speech
Secondary Modern School, Dorchester	1	Lip Reading	Wesleyan Memorial Hall, Swanage	1	Asthma (monthly)
The Clinic, Legion Road, Hamworthy	2 3	Minor Ailments Dental	Clyffe House Special School, Tincleton	1	Lip Reading
Herbert Carter School, Blandford Road, Hamworthy	1 1	Lip Reading Speech	Sandford School, Wareham	1	Lip Reading
Woodmead Hall, Lyme Regis	2	Orthopaedic (remedial)	Secondary Modern School, Wareham	1	Speech
Council School, Lytchett Matravers	1	Lip Reading	Secondary Modern School, Broadway, Weymouth	1	Minor Ailments
Council School, Milborne St. Andrew	1	Lip Reading	Health Centre, Westham Road, Weymouth	6 17 2 1	Minor Ailments Dental Speech Child Guidance
Kemp Welch School, Herbert Avenue, Parkstone	1	Minor Ailments	Wyke Regis Infants' School, Weymouth	1 1	Minor Ailments Speech
Sylvan School, Livingstone Road, Parkstone	1	Minor Ailments	Civic Centre, Wimborne	1	Speech
Trinidad School, Herbert Avenue, Parkstone	1	Minor Ailments	Day Special School, Wimborne	1	Speech
Branksome Clinic, Shillito Road, Parkstone	1 21	Minor Ailments Dental	Council School, Wimborne	1	Lip Reading
The Clinic, 67, Market Street, Poole	1	Minor Ailments			

* Denotes number of sessions when school dental officers are working at these clinics.

STATISTICAL APPENDIX
Year ended 31st December, 1957.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS).

A.—Periodic Medical Inspections.

P = Poole Area.

S.D. = South Dorset Area.

C = Remainder of County.

Age Groups inspected and Number of Pupils examined in each:—

	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals
First year of compulsory school attendance ..	1,031	642	1,912	3,585
Eight-year old	121	—	—	121
Last year in primary school	1,008	858	2,608	4,474
Last year of compulsory school attendance ..	1,203	460	1,695	3,358
Totals	3,363	1,960	6,215	11,538
Additional Periodic Inspections	—	—	—	—
Grand Totals	3,363	1,960	6,215	11,538

B.—Other Inspections.

	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals
Number of Special Inspections	11,240	1,148	2,010	14,398
Number of Re-inspections	2,130	447	3,787	6,364
Totals	13,370	1,595	5,797	20,762

C.—Pupils found to require treatment

	<i>For defective vision (excluding squint)</i>				<i>For any of the other conditions recorded in Table III</i>				<i>Total Individual pupils</i>			
	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals
First year of compulsory school attendance ..	30	8	18	56	489	60	180	729	390	62	198	650
Eight-year old ..	9	—	—	9	51	—	—	51	51	—	—	51
Last year in primary school	137	44	74	255	487	79	207	773	484	119	281	884
Last year of compulsory school attendance ..	215	44	48	307	389	33	94	516	487	68	142	697
Totals	391	96	140	627	1,416	172	481	2,069	1,412	249	621	2,282
Additional periodic inspections	—	—	—	—	—	—	—	—	—	—	—	—
Grand Totals	391	96	140	627	1,416	172	481	2,069	1,412	249	621	2,282

D.—Classification of the physical condition of pupils inspected in the age groups recorded in Table I A

Age Groups Inspected	Satisfactory							
	P.		S.D.		C.		Totals	
	No.	%	No.	%	No.	%	No.	%
First year of compulsory school attendance ..	1,004	97·38	634	98·75	1,893	99·0	3,531	98·5
Eight-year old	117	96·7	—	—	—	—	117	96·7
Last year in primary school	992	98·41	854	99·53	2,606	99·9	4,452	99·5
Last year of compulsory school attendance ..	1,182	98·25	460	100·0	1,695	100·0	3,337	99·4
Additional periodic inspections	—	—	—	—	—	—	—	—
TOTALS ..	3,295	97·98	1,948	99·39	6,194	99·63	11,437	99·1

Age Groups Inspected	Unsatisfactory							
	P.		S.D.		C.		Totals	
	No.	%	No.	%	No.	%	No.	%
First year of compulsory school attendance ..	27	2·62	8	1·25	19	1·0	54	1·5
Eight-year old	4	3·31	—	—	—	—	4	3·31
Last year in primary school	16	1·59	4	0·47	2	0·1	22	0·5
Last year of compulsory school attendance ..	21	1·75	—	—	—	—	21	0·6
Additional periodic inspections	—	—	—	—	—	—	—	—
TOTALS ..	68	2·02	12	0·61	21	0·36	101	0·91

TABLE II

Infestation with Vermin

	P.	S.D.	C.	Totals
Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	25,560	21,468	45,077	92,105
Total number of individual pupils found to be infested	142	28	52	222
Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—	—	—	—
Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—	—	—	—

B.—Special Inspections

Defect Code No.	Defect or Disease	Special Inspections							
		Requiring Treatment				Requiring Observation			
		P.	S.D.	C.	Totals	P.	S.D.	C.	Totals
4	Skin	219	91	2	312	5	—	2	7
5	Eyes (a) Vision ..	54	46	68	168	—	10	74	84
	(b) Squint ..	2	—	—	2	—	—	3	3
	(c) Other ..	125	18	1	144	21	1	4	26
6	Ears (a) Hearing ..	4	—	3	7	—	—	4	4
	(b) Otitis Media ..	—	3	—	3	—	—	2	2
	(c) Other ..	49	6	—	55	22	—	2	24
7	Nose and Throat ..	47	2	1	50	—	1	6	7
8	Speech	3	—	7	10	—	—	6	6
9	Lymphatic Glands ..	7	1	—	8	—	—	2	2
10	Heart	—	—	1	1	1	1	2	4
11	Lungs	—	—	—	—	1	—	4	5
12	Developmental:—								
	(a) Hernia ..	1	—	—	1	—	—	—	—
	(b) Other ..	—	—	—	—	—	—	2	2
13	Orthopaedic:—								
	(a) Posture ..	3	6	5	14	—	—	1	1
	(b) Feet ..	2753	14	5	2,772	1,308	—	4	1,312
	(c) Other ..	31	2	24	57	6	—	6	12
14	Nervous System:—								
	(a) Epilepsy ..	—	—	—	—	—	1	—	1
	(b) Other ..	—	—	—	—	—	—	1	1
15	Psychological:—								
	(a) Development ..	36	5	—	41	—	—	10	10
	(b) Stability ..	12	—	—	12	—	1	2	3
16	Abdomen	—	1	2	3	—	—	3	3
17	Other	854	595	2	1,451	31	1	14	46

TABLE IV
TREATMENT OF PUPILS

GROUP I
Eye Disease, Defective Vision and Squint

	Number of cases known to have been dealt with							
	By the Authority				Otherwise			
	P.	S.D.	C.	Totals	P.	S.D.	C.	Totals
External and other, excluding errors of refraction and squint	125	21	—	146	39	11	—	50
Errors of refraction (including squint)	—	—	—	—	1,644	230	809	2,683
Totals	125	21	—	146	1,683	241	809	2,733
Number of pupils for whom spectacles were prescribed	—	—	—	—	727	144	557	1,428

GROUP II

Diseases and defects of Ear, Nose and Throat

	<i>Number of cases known to have been treated</i>							
	<i>By the Authority</i>				<i>Otherwise</i>			
	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals
Received operative treatment:—								
(a) for diseases of the ear	—	—	—	—	17	12	—	29
(b) for adenoids and chronic tonsillitis ..	—	—	—	—	338	160	233	731
(c) for other nose and throat conditions ..	—	—	—	—	28	28	1	57
Received other forms of treatment	15	8	—	23	4	—	1	5
Totals	15	8	—	23	387	200	235	822
Total number of pupils in schools who are known to have been provided with hearing aids:—								
(a) in 1957	—	—	—	—	3	—	4	7
(b) in previous years	1	—	—	1	1	8	11	20

GROUP III

Orthopaedic and Postural Defects

	<i>By the Authority</i>				<i>Otherwise</i>			
	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals
Number of pupils known to have been treated at clinics or out-patient departments	—	—	—	—	439	—	208	647
Number of pupils who received remedial exercises in school	1,340	377	1,412	3,129	—	—	—	—

GROUP IV

Diseases of the Skin (excluding uncleanness for which see Table II)

	<i>Number of cases treated or under treatment during the year by the Authority</i>			
	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals
Ringworm (i) Scalp	—	—	—	—
(ii) Body	—	2	—	2
Scabies	3	3	—	6
Impetigo	6	16	—	22
Other skin diseases	—	62	—	62
Totals	9	83	—	92

GROUP V
Child Guidance Treatment

	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals
Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	187	100	274	561

GROUP VI
Speech Therapy

	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals
Number of pupils treated by Speech Therapists under arrangements made by the Authority	72	45	131	248

GROUP VII
Other Treatment Given

	<i>P.</i>	<i>S.D.</i>	<i>C.</i>	Totals
(a) Number of cases of miscellaneous minor ailments treated by the Authority ..	854	715	—	1,569
(b) Pupils who received convalescent treatment under School Health Service arrangements	—	—	—	—
(c) Pupils who received B.C.G. vaccination	821	983	1,547	3,351
(d) Other than (a), (b) and (c) above <i>(specify):—</i> Pupils who received lip reading instruction	6	3	16	25
Totals	1,681	1,701	1,563	4,945

TABLE V
Dental Inspection and Treatment carried out by the Authority

							P.	S.D.	C.	Totals
(1)	Number of pupils inspected by the Authority's Dental Officers:—									
	(a)	At Periodic Inspections	..	..	..	..	4,033	768	13,582	18,383
	(b)	As Specials	..	..	..	..	518	2,247	334	3,099
	Total (1)						4,551	3,015	13,916	21,482
(2)	Number found to require treatment						2,013	2,732	9,658	14,403
(3)	Number offered treatment						2,013	2,650	8,074	12,737
(4)	Number actually treated						1,556	2,701	4,618	8,875
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11 (h)						6,305	4,799	14,866	25,970
(6)	Half days devoted to Periodic (School)									
	Inspection	..	..	..	..	..	38	5	126	169
	Treatment	..	..	..	..	..	1,032	753	2,596	4,381
	Total (6)						1,070	758	2,722	4,550
(7)	Fillings: Permanent Teeth						2,742	1,376	9,878	13,996
	Temporary Teeth						332	540	1,740	2,612
	Total (7)						3,074	1,916	11,618	16,608
(8)	Number of teeth filled: Permanent Teeth						2,477	1,342	8,899	12,718
	Temporary Teeth						324	536	1,664	2,524
	Total (8)						2,801	1,878	10,563	15,242
(9)	Extractions: Permanent Teeth						809	637	1,659	3,105
	Temporary Teeth						1,866	1,278	5,476	8,620
	Total (9)						2,675	1,915	7,135	11,725
(10)	Administration of general anaesthetics for extraction						890	1,181	1,997	4,068
(11)	Orthodontics:—									
	(a)	Cases commenced during the year	..	..	..	..	34	11	36	81
	(b)	Cases carried forward from previous year	..	..	..	..	6	5	37	48
	(c)	Cases completed during the year	..	..	..	..	8	1	14	23
	(d)	Cases discontinued during the year	..	..	..	..	2	1	2	5
	(e)	Pupils treated with appliances	..	..	..	..	36	1	29	66
	(f)	Removable appliances fitted	..	..	..	..	26	7	47	80
	(g)	Fixed appliances fitted	..	..	..	..	1	2	—	3
	(h)	Total attendances	..	..	..	..	172	13	376	561
(12)	Number of pupils supplied with artificial dentures						20	6	40	66
(13)	Other operations: Permanent teeth						1,001	2,235	1,410	4,646
	Temporary teeth						290	26	1,154	1,470
	Total (13)						1,291	2,261	2,564	6,116

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